

Boxes are provided to the right of each question. Only one box should be checked for each question asked. If you have any comments which you would like to make emphasizing the accuracy of the information or with reference to any information not generally covered in this format, please write them on the reverse of this page.

Response to Tasking

Responses*

Does information provided satisfy your intelligence collection requirement?

YES IN PART NO

Accuracy

Geographical location (terrain, water, river, etc.)

YES IN PART NO

Large scale man-made objects (docks, silos, buildings, etc.)

YES IN PART NO

Small scale man-made objects (tanks, computers, antennas, etc.)

YES IN PART NO UNKNOWN

Target ambience (research, production, administration, troop movement, etc.)

YES IN PART NO UNKNOWN

Activity (nuclear testing, CBR, SIGINT monitoring, etc.)

YES IN PART NO

Personality (Physical, plans, actions, traits, etc.)

YES IN PART NO

Utility

Please check which best describes the utility of the information provided (in view of what is known at this time, understanding that additional information could raise or lower such an interim assessment at a later date)

- VERY USEFUL
- USEFUL
- MARGINAL
- NONE
- CANNOT BE DETERMINED AT THIS TIME

*YES - indicates a full agreement with what is known to be fact about the target. NO - indicates a total lack of agreement with what is known to be fact about the target.

Additional tasking

Is additional tasking required?
(If yes, please write what that tasking
is on the back of the form)

YES NO

Did the attached information add to
information derived from other intell-
igence sources?

YES NO

Did the attached information aid in tasking
other intelligence resources by providing
targeting information?

YES NO

Albert J. Bari
ALBERT J. BARI

(Signed) SIGNATURE

ALBERT J. BARI, GS-13

(Printed) NAME, GRADE

ASST OPS OFFICER, USAOG

(Printed) TITLE, or OFFICE

1. CUSTOMER OFFICE USADG	2. INFORMATION REQUESTED DATE		
	YEAR 1980	MONTH	DAY
3. TARGET COUNTRIES IRAN	4. PROJECT NUMBER 2130A	5. SOURCE NUMBER NFM 240317	
6. NUMBER REPORTS SUBMITTED FOR PROJECT	7. REPORT IDENTIFICATION NUMBERS		
8. REFERENCES A. REQUIREMENTS (CITE) (ICR/CIR/DIRM 3/DIRM 9) <input type="checkbox"/> B. INITIATIVE REPORT NA		9. REASON FOR EVALUATION (select one) <input type="checkbox"/> A. ICR RESPONSE <input checked="" type="checkbox"/> B. COLLECTOR'S REQUEST <input type="checkbox"/> C. SELECTED BY ANALYST	
10. VALUE OF INFORMATION (select one) <input type="checkbox"/> A. OF MAJOR SIGNIFICANCE <input checked="" type="checkbox"/> B. OF VALUE <input type="checkbox"/> C. OF NO VALUE		11. TYPES OF PRODUCTS TO BENEFIT FROM USE OF REPORTED INFORMATION <input type="checkbox"/> A. BASIC INTELLIGENCE <input type="checkbox"/> B. CURRENT INTELLIGENCE <input checked="" type="checkbox"/> C. ESTIMATIVE INTELLIGENCE <input type="checkbox"/> D. S&T INTELLIGENCE	
12. REASON INFORMATION IS OF NO VALUE (select one only) <input checked="" type="checkbox"/> A. TOO FRAGMENTARY <input type="checkbox"/> B. DUPLICATIVE <input type="checkbox"/> C. UNTIMELY <input type="checkbox"/> D. NOT RESPONSIVE TO TASKING CITED		13. DEGREE OF REQUIREMENT SATISFACTION (select one only) <input type="checkbox"/> A. COMPLETELY SATISFIED <input checked="" type="checkbox"/> B. PARTIALLY SATISFIED <input type="checkbox"/> C. NOT SATISFIED AT ALL	
14. NAME OF PRODUCT(S)			

15. COLLECTION GUIDANCE (Mandatory unless 13A, above, is checked)

*more definitive information would have been of more value.
names of locations or persons would have increased the usefulness of acquired information. A great deal of the provided input cannot be evaluated since it lacked details.*

SG1A

~~Approved For Release~~

SG1A

17. FOREIGN DISCLOSURE DATA

A. EVALUATORS RECOMMENDATION
(select one only)

- RELEASABLE EVALUATION NOT REQUESTED
 EVALUATION IS NOT RELEASABLE
 PARA(S) _____, ABOVE, IS/ARE
RELEASABLE TO THE GOVT(S) OF _____

B. FOREIGN DISCLOSURE AUTHORITY DECISION
(select one only)

- EVALUATION IS NOT RELEASABLE
 NON-CAVEATED PORTIONS OF THIS EVAL, AS
INDICATED, MAY BE REL TO THE AUTH REPS
OF THE GOVT(S) OF _____
AT THE DISCRETION OF THE ORIGINATOR.

18. EVALUATOR'S NAME

ALBERT J. BARI

19. EVALUATOR'S OFFICE SYMBOL

IAGPC-OP

20. SECURITY INSTRUCTIONS
(DOWNGRADING, DECLASSIFICATION,
AND SPECIAL MARKINGS)

21. DATE EVALUATED

22. ORIGINATOR OF REQUEST FOR INFORMATION

USAOG

YEAR MONTH DAY

1981

JUNE

10

23. (Signature of evaluator)

Albert J. Bari